



Summit County Government Employment Application

Please mail application materials to: Human Resources, P.O. Box 68, Breckenridge, CO 80424

Summit County is an equal opportunity employer, dedicated to a policy of non-discrimination in employment or the provision of services on any basis including race, color, religion, sex, age, sexual orientation, disability or national origin. Summit County only hires individuals authorized to be employed in the United States.

Answer each question fully and accurately. Please print in INK or TYPE, except for signature on application.

Position Applied for: _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Mailing Address: _____
Mailing address City State Zip Code

Phone: _____ E-mail address: _____

Date Available for employment: _____ Desired Salary: _____

Are you eligible to work in the United States? Yes ☐ No ☐

Desired Employment? Full-time ☐ Part-time ☐

Hours of work per week desired? _____

Have you ever worked for Summit County Government? Yes ☐ No ☐

Applicant Education

High School: _____ Address: _____

Did you graduate? Yes ☐ No ☐

College: _____ Address: _____

Did you graduate? Yes ☐ No ☐

Other: _____ Address: _____

Did you graduate? Yes ☐ No ☐

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities:

From: _____ to: _____ Reason for leaving: _____

May we contact your previous for a reference? Yes ☐ No ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities:

From: _____ To: _____ Reason for leaving: _____

May we contact your previous for a reference? Yes ☐ No ☐

Previous Employment (continued)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities:

From: _____ to: _____ Reason for leaving: _____

May we contact your previous for a reference? Yes ☐ No ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____

Are you currently in the Armed Forces: Yes ☐ No ☐

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

JOB APPLICANT'S AGREEMENT AND VERIFICATION

I certify that the information given by me in the application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in the application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Summit County and myself for either employment or for the provision of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Summit County unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Summit County retains the same right.

In the event that I have a disability as defined under the American with Disability Act (ADA), I may contact Human Resources to request reasonable accommodation in the application or interview process. I understand that prior to being offered employment with Summit County I may be requested to take an employment examination. In the event I have a disability, which will affect my ability to take the test, I will also inform Summit County prior to the administration of the test so that a reasonable accommodation can be made. Summit County reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules, which are issued by Summit County, are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on the active file for 30 days from the date completed, after which time I would have to reapply in accordance with established Summit County procedures.

Signature of applicant: _____ Date: _____